

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-7365.M5**

MDR Tracking Number: M5-05-1639-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-07-05.

The IRO reviewed MRI lumbar without contrast, MRI with & without contrast cervical, electrical stimulation unattended, therapeutic activities, office visit and manual therapy technique rendered from 10-19-04 through 11-24-04 that were denied based upon "U".

The IRO determined that the office visit on 11-02-04 **was** medically necessary. The IRO further determined that the MRI lumbar without contrast, MRI with & without contrast cervical, electrical stimulation unattended, therapeutic activities and manual therapy technique **were not** medically necessary. The amount of reimbursement due from the carrier for the medical necessity issues is **\$61.98**.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-10-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT code 97014 dates of service 10-29-04, 11-03-04 and 11-04-04 revealed that neither party submitted a copy of EOBs. Code 97014 is an invalid code for Medicare. No reimbursement is recommended.

## **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for date of service 11-02-04 totaling \$61.98 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Findings and Decision and Order are hereby issued this 18<sup>th</sup> day of May 2005.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
Fax 512/491-5145

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

May 12, 2005

**Re: IRO Case # M5-05-1639 –01** amended 5/17/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Initial consultation, 10/4/04 Dr. Puentes
4. Reports MRIs 10/19/04
5. Initial medical exam report 1/6/05, Dr/ Guartney
6. NOTES, 10/04 –12/04 Dr. Puentes
7. PT notes 10/04 -11/04
- 8.

#### History

The patient is a 42-year-old male who was injured in \_\_\_\_ when an overhead door closed on him, hitting his neck and upper back. On 10/4/04 the patient saw the treating D.C. who read an x-ray of the cervical spine as, “within normal limits.” The patient was diagnosed with muscle ligamentous strain of the cervical and thoracic spine, myofascitis of the cervical and thoracic spine and contusion of the cervical and thoracic spine. The patient was given pain medications and daily physical therapy. A 10/19/04 MRI of the cervical spine was normal. An MRI of the lumbar spine showed a degenerative, bulging disk, and facet arthropathy at L5-S1. The patient continued in daily physical therapy.

#### Requested Service(s)

MRI lumbar w/o contrast, MRI w & w/o contrast cervical, electrical stimulation unattended, therapeutic activities, office visit, manual therapy technique 10/19/04 – 11/24/04

#### Decision

I agree with the carrier’s decision to deny the requested MRIs of the cervical and lumbar spine on 10/19/04, and codes 97140, G0283, 97530 during the period 10/29/04 – 11/24/04.

I disagree with the denial of the requested office visit 99213 on 11/2/04.

#### Rationale

The patient was injured on \_\_\_\_, and he began treatment on 10/4/04. After barely two weeks of treatment MRIs of the cervical and lumbar spine were ordered. No neurological deficits were noted in the physical examination of the patient. A motor and sensory examination the day before was normal. The vast majority of patients with back and neck pain improve after four to six weeks. An MRI would

not be

indicated until after a reasonable trial of conservative management, lasting at least four weeks, without response. Abnormalities on MRI are common, and would not change the treatment plan at this juncture.

The patient saw the D.C. and daily physical therapy was started at that point. By 10/29/04, the patient had completed 16 therapy visits. There is no indication in the records provided for this review that the patient received any significant, lasting benefit from the treatments. There is no documentation of improvement in range-of-motion, strength, or function. The patient continued to report pain levels of 4-5/10, which would diminish by the end of therapy, but return by the following visit. After 16 visits of therapy, the patient should have been independent on a home exercise program. No reason was documented regarding why further monitored therapy would be required.

On 11/2/04, the patient continued to have pain and required close monitoring. In addition the office visit on this date was a regular follow-up visit, which was medically reasonable and necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

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Daniel Y. Chin, for GP